

HOUSE BILL No. 1357

DIGEST OF INTRODUCED BILL

Citations Affected: None (noncode).

Synopsis: Community health center funding. Appropriates \$12,200,000 to the state department of health for state fiscal years 1999-2000 and 2000-2001 for use in planning, establishing, and expanding community health centers that provide comprehensive primary health care services to individuals of all ages. Requires an existing community health center or an entity that wants to become a community health center to apply to the state department of health to receive part of the appropriation. Provides specific requirements the community health center or the entity must meet to qualify for part of the appropriation. Requires the state department of health to review the requirements of current state health programs to identify opportunities
(Continued next page)

Effective: July 1, 1999.

Crawford, Becker, Budak, Brown C

January 12, 1999, read first time and referred to Committee on Ways and Means.



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Digest Continued

where program funds could be pooled to leverage comprehensive health care services to the working poor. Appropriates an additional \$5,000,000 to the state department of health for state fiscal years 1999-2000 and 2000-2001 for renovating or constructing community health care facilities.

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Introduced

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

HOUSE BILL No. 1357

A BILL FOR AN ACT concerning health and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. [EFFECTIVE JULY 1, 1999] (a) As used in this
2 SECTION, "state department" refers to the state department of
3 health.

4 (b) In addition to any other appropriation to the state
5 department, there is appropriated to the state department twelve
6 million two hundred thousand dollars (\$12,200,000) from the state
7 general fund beginning July 1, 1999, and ending June 30, 2001.

8 (c) The money appropriated under subsection (b) shall be
9 administered by the state department for the planning,
10 establishment, or expansion of community health centers that
11 provide comprehensive primary health care services for
12 individuals of all ages.

13 (d) To receive part of the appropriation under subsection (b):

14 (1) an existing community health center; or

15 (2) an entity that desires to become a community health
16 center;



1 must apply to the state department.

2 (e) In an application under subsection (d), a community health
3 center or an entity that desires to become a community health
4 center must demonstrate that the community health center or the
5 entity meets or has the ability to meet the following requirements:

6 (1) Be a nonprofit or public corporation.

7 (2) Be located in or provide services to targeted populations
8 in:

9 (A) a medically underserved area;

10 (B) an area experiencing a shortage of health care
11 professionals; or

12 (C) an area designated by the department as an area of
13 need for comprehensive primary care services.

14 (3) Serve at least:

15 (A) twenty percent (20%) uninsured patients; and

16 (B) thirty percent (30%) combined Medicare and Medicaid
17 patients.

18 (4) Accept all patients regardless of the patient's ability to
19 pay.

20 (5) Treat all patients under a high quality standard of care
21 whether the patients are uninsured or are insured through
22 Medicare, Medicaid, or private insurance.

23 (6) Be organized to serve as a Medicaid provider or a
24 managed care organization.

25 (7) Offer a schedule of discounts for services based on the
26 ability to pay for the services.

27 (8) Provide services to all family members regardless of age
28 or gender.

29 (9) Provide services at least thirty-two (32) hours each week,
30 including evening and weekend hours, to meet the needs of a
31 majority of potential users.

32 (10) Ensure twenty-four (24) hour access through a telephone
33 answering service and shared call or similar service.

34 (11) Employ only providers who are licensed or certified
35 under state law.

36 (12) Employ a minimum of one (1) licensed physician or
37 advanced nurse practitioner to work full time as appropriate
38 to the number of patients served in order to provide care
39 continuity.

40 (13) Provide referral arrangements for specialty care and
41 hospitalization and discharge planning.

42 (14) Have physicians with admitting privileges either on staff

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or under contract.

(15) Design a business plan that does the following:

(A) Maximizes self-sufficiency.

(B) Minimizes reliance on state funds.

(C) Provides innovation in the financing and delivery of comprehensive services.

(D) Encourages development of community, insurer, and provider partnerships to assure the availability of affordable comprehensive care.

(16) Design a clinical plan with measurable goals and objectives addressing the priority health concerns of the department and the community.

(17) Employ an ongoing quality assurance program.

(18) Ensure community accountability focused on prevention and primary care services with a community board, including at least thirty percent (30%) patient representation.

(f) The state department shall review the requirements of current state health programs to identify opportunities where program funds may be used to leverage, through pooling or other mechanisms, the provision of comprehensive health care services to the working poor.

(g) If any money appropriated under this SECTION has not been expended as of July 1, 2001, the money does not revert to the state general fund.

(h) This SECTION expires July 1, 2002.

SECTION 2. [EFFECTIVE JULY 1, 1999] (a) In addition to any other appropriation to the state department of health, there is appropriated to the state department of health five million dollars (\$5,000,000) from the state general fund for the renovation or new construction of community health care facilities beginning July 1, 1999, and ending June 30, 2001.

(b) If any money appropriated under this SECTION has not been expended as of July 1, 2001, the money does not revert to the state general fund.

(c) This SECTION expires July 1, 2002.

